



Donor Advised Fund Application

NAME OF APPLICANT:

Address:

Phone:

Email:

Original Advisor (If different than above.):

Name:

Address:

Phone:

Email:

Title by which the Donor Advised Fund will be known:

The purpose of the restricted endowment portion of the Donor Advised Fund will be:

The secondary purpose of the restricted endowment portion of the Donor Advised Fund will be:

Endowment income checks should be payable to:

And mailed to:

Who will decide how the annual distribution received from the restricted endowment portion will be used:

Donor Advised Fund Application Continued...

Who will be appointed as a Successor Advisor following the death or incapacity of the Original Advisor?

Are there any special instructions, designations, restrictions or requirements for this endowment?

Are there donors, family members of donors or others associated with this Donor Advised Fund that should be invited to Foundation functions or added to The Foundation's mailing list?

(Please attach a list if necessary)

NAME OF PERSON (S) COMPLETING THIS FORM:

(Please print or type)

(Signature)

(Phone)

(Date)

CASH GIFTS:

Check enclosed in the amount of \$ _____
Checks should be made payable to: **The Catholic Foundation of Southwestern Indiana**

GIFTS OF STOCK:

The following described stock _____
Number of shares _____

In the case of stock, please contact The Catholic Foundation of Southwestern Indiana, for instructions before transfer is made.

Please complete this form and return to:

The Catholic Foundation of Southwestern Indiana, Inc.

P.O. Box 4169

Evansville, IN 47724-0169

Phone: (812) 424-5536 Fax: (812) 421-1334 Email: foundation@evdio.org

www.catholicfoundationswin.org